

# REQUEST FOR OFFICIAL TRANSCRIPT OF ACADEMIC RECORD

DATE:

PRIVACY ACT STATEMENT: THIS INFORMATION IS SOLICITED BY AUTHORITY TITLE 10, USC 3012 AND EXECUTIVE ORDER 9397. SSAN IS USED AS THE PERSONAL IDENTIFIER IN LOCATING YOUR TRAINING RECORD. PERSONAL INFORMATION PROVIDED WILL BE USED TO PROPERLY RESPOND TO YOUR REQUEST FOR TRANSCRIPTS. FAILURE TO PROVIDE THIS INFORMATION COULD RESULT IN THE INABILITY OF DLIFLC TO RESPOND TO YOUR REQUEST.

NOTE: IAW ARMY REGULATION 37-60, PARA 3-8 THERE IS NO FEE FOR THIS SERVICE. PRINT LEGIBLY

LAST NAME , FIRST, MI	MAIDEN NAME	SSAN:
PRESENT MAILING ADDRESS		
SCHOOL BRANCH WEST COAST {DLIFLC} EAST COAST SAN FRANCISCO LACKLAND OTHER _____	TYPE OF PROGRAM BASIC AURAL COMPREHENSION INTERMEDIATE ADVANCED OTHER _____	LANGUAGE  GRAD DATE
SCHOOL BRANCH WEST COAST {DLIFLC} EAST COAST SAN FRANCISCO LACKLAND OTHER _____	TYPE OF PROGRAM BASIC AURAL COMPREHENSION INTERMEDIATE ADVANCED OTHER _____	LANGUAGE  GRAD DATE
REQUEST TRANSCRIPTS BE SENT TO: {PLEASE INCLUDE ZIP CODES & INDICATE NUMBER OF COPIES TO ADDRESSEE}		
( ) - NUMBER OF COPIES _____ _____ _____ _____	( ) - NUMBER OF COPIES _____ _____ _____ _____	( ) - NUMBER OF COPIES _____ _____ _____ _____
( ) - NUMBER OF COPIES _____ _____ _____ _____	( ) - NUMBER OF COPIES _____ _____ _____ _____	( ) - NUMBER OF COPIES _____ _____ _____ _____
PLEASE ALLOW <u>8-10 WORKDAYS</u> FOR PROCESSING THANK YOU.		

NOTE: USE THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL PROGRAMS ATTENDED OR ADDITIONAL ADDRESSES  
UPON COMPLETION FORWARD TO

COMMANDANT  
DEFENSE LANGUAGE INSTITUTE  
FOREIGN LANGUAGE CENTER  
ATTN: REGISTRAR'S OFFICE  
PRESIDIO OF MONTEREY, CA 93944-5006  
FAX NUMBER: 831-242-5146  
PHONE: 831-242-5366  
EMAIL Address: TRNSCRIP@ pom-emh1.army.mil  
WEB PAGE www.dli.army.mil

SIGNATURE  
REQUIRED: \_\_\_\_\_